 <p style="text-align: center;">WEST VIRGINIA DIVISION OF JUVENILE SERVICES</p>	<p><u>POLICY NUMBER:</u></p> <p style="font-size: 2em; text-align: center;">107.01</p>	<p><u>PAGES:</u></p> <p style="text-align: center;">5</p>
<p><u>CHAPTER:</u></p> <p>Administration and Management</p>	<p><u>REFERENCE AND RELATED STANDARDS:</u></p> <p>WV Code Chapter §49-2-903.</p>	
<p><u>SUBJECT:</u> Quality Assurance Program</p>		
<p><u>DATE:</u> July 1, 2015</p>		

PURPOSE

This policy is to provide an objective and systematic approach for performance improvement related to the quality of care and services provided by the Division of Juvenile Services.

CANCELLATION

This is a new policy.

APPLICABILITY

This Policy applies to all Division of Juvenile Services' Facilities and Offices.

DEFINITIONS

Performance Improvement Teams – Time-limited teams selected by the Director of Quality Assurance and charged with analyzing and recommending improvement strategies concerning the process or system assigned for their review.

Quality Assurance Committee – A group of designated individuals responsible for overseeing and coordinating the Quality Assurance Program.

Root Cause Analysis – An instrument used to identify the origin of a problem using a specific set of steps, with associated tools, to find the primary cause of a problem to determine what happened, why it happened, and what to do to reduce the likelihood that it will happen again.

Personal Safety Program – Program developed for both facility staff and residents to promote safety while identifying and avoiding workplace and facility hazards.

PROCEDURES

1. The Director of the Division's Quality Assurance program shall be appointed by the Division Director.

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- a. The Director of Quality Assurance has the overall responsibility to plan, implement, and monitor the Quality Assurance program. This is achieved by:
 - i. Developing a system-wide approach to the Quality Assurance program,
 - ii. Setting the program priorities,
 - iii. Ensuring that the proper resources and training are provided for the program,
 - iv. Coordinating the efforts of all departments and services toward the attainment of the program's performance goals and objectives including being available to advise and assist those accountable for performance assessment and improvement,
 - v. Assuring that the Personal Safety Program is integrated throughout the Division through the gathering, reporting, and analysis of data related to staff and resident safety,
 - vi. Providing reports of the program's activities and findings to the Quality Assurance Committee and Facility Superintendents/Directors,
 - vii. Serving as Chair of the Quality Assurance Committee, and
 - viii. Maintaining records of the performance measures utilized.
- b. The Director of Quality Assurance has the authority to:
 - i. Oversee performance assessment and improvement activities on a daily basis and take action as needed,
 - ii. Review and modify performance measures as needed to evaluate performance improvement activities,
 - iii. Review any documentation deemed necessary to identify patterns or trends that clarify the Division's gaps in providing effective care.

2. Quality Assurance Committee

- a. Membership includes, but is not limited to:
 - i. The Director of Quality Assurance
 - ii. The Director of Programs and Treatment

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- iii. The Director of Safety/Risk Management
 - iv. The Director of Training
 - v. The Director of Investigations
 - vi. Ad hoc members, as needed
- b. Duties of the committee:
- i. Recommend policy revisions related to the Quality Assurance Program,
 - ii. Prioritize data collection activities,
 - iii. Analyze data and compare performance over time, at the facility and Division level in order to:
 - 1) Determine if desired outcomes are being met,
 - 2) Identify levels of stability in existing processes,
 - 3) Recognize opportunities for improvement, and
 - 4) Formulate actions designed to improve processes,
 - iv. Ascertain the appropriate statistical tools to organize and display data so that the information can be readily interpreted,
 - v. Identify at least one high-risk process to be targeted for proactive risk assessment and analysis annually,
 - vi. Identify performance measures that vary significantly from one time period to another or from one facility to another,
 - vii. Initiate Root Cause Analysis in response to serious incidents, as identified by the Division Director or when deemed appropriate through intensive analysis of selected processes or services,
 - viii. Track the performance of processes which have been identified as needing improvement,
 - ix. Report findings and activities of the Quality Assurance Committee, as requested, and

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- x. Establish Performance Improvement Teams to carry out intensive investigations of designated processes relevant to resident care, as identified by the committee.

3. Ancillary Activities

- a. Personal Safety Program: The minimization of risks to resident safety is an integral part of the Quality Assurance Program.

- i. The purpose of the program is to:

- 1) Identify, assess, and respond to safety risks through information gathered about use of force, room confinement, or other area where significant risks to personal safety may be shown to exist due to hazardous conditions.
- 2) Identify and investigate serious incidents related to personal safety.
- 3) Conduct ongoing measurement and analysis of at least one high risk or error prone process to determine the degree of variation from expected performance.
- 4) Intensively analyze at least one high risk process annually and monitor the effectiveness of any process improvement that has been initiated.
- 5) Educate residents about their role in the safety program.
- 6) Educate staff regarding their role in the program based on specific job duties.

- ii. Facility Superintendents/Directors will set measureable objectives for improving personal safety and will monitor the results of their efforts to meet the objectives.

- b. Performance Improvement Teams

- i. Comprised of:

- 1) A team leader appointed by the Quality Assurance Committee.
- 2) Members based on those with direct knowledge, experience, and involvement with the process being addressed.

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ii. The Quality Assurance committee will furnish Performance Improvement Teams with:

- 1) A purpose statement to provide a clear purpose with well-defined boundaries.
- 2) Expectations and desired outcomes. The Performance Improvement Team may add additional goals, as needed.
- 3) Documentation, tools and equipment, as needed.
- 4) Time frames for completion of the assessment and recommendations.

iii. Responsibilities of the Performance Improvement Teams:

- 1) Provide regular reports to the Quality Assurance Committee.
- 2) Provide conclusions and recommendations to the committee.
- 3) Use proven analytical and statistical tools for analyzing and presenting data.
- 4) Document all activities.

4. This policy will be adopted in its entirety and the facility will not create an operational procedure.

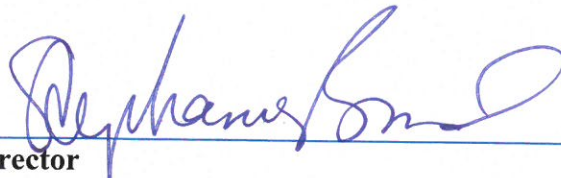
RIGHTS RESERVED

The Director reserves the right to modify, suspend or cancel any provision herein in part or entirety, without advance notice, unless prohibited by law.

APPROVED:

Director

Date

 7/1/15